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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/829,393	04/10/2001	Michael E. McHenry	608-281	8969
4249	7590	05/05/2005	EXAMINER	
CAROL WILSON BP AMERICA INC. MAIL CODE 5 EAST 4101 WINFIELD ROAD WARRENVILLE, IL 60555			ROSEN, NICHOLAS D	
			ART UNIT	PAPER NUMBER
			3625	

DATE MAILED: 05/05/2005

Please find below and/or attached an Office communication concerning this application or proceeding.



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FILING DATE

FIRST NAMED APPLICANT

ATTORNEY DOCKET NO.

EXAMINER

ARTICLE

PAPER NUMBER

DATE MAILED

INFORMALITY RE PAYMENT OF FEE

The informality regarding the payment of the fee in connection with ☐ the original filing fee ☒ the amendment filed 9-2-04 is indicated below.

A. FEE DUE

1. ☐ The amendment is considered incomplete in that the funds in Deposit Account No. _____ are insufficient to cover the entire fee due. The balance is due within the period set below.
2. ☐ The amendment is considered an incomplete response, in that payment of \$ _____ is insufficient to cover the claims as shown in the attached Patent Application Fee Determination Record. Remittance is due within the period set below.
3. ☐ The amendment has not been entered, since applicant has failed to remit (or authorize charge to a Deposit Account) the fee as indicated on the attached Patent Application Fee Determination Record. Remittance or authorization is due within the period set below.
4. ☐ The filing fee of \$ _____ submitted in this application is insufficient.
A balance of \$ 50.00 is due for additional claims.
5. ☐

APPLICANT IS GIVEN THE REMAINDER OF THE SET PERIOD FOR RESPONSE,
OR ONE (1) MONTH FROM THE DATE OF THIS LETTER, WHICHEVER IS LONGER,
WITHIN WHICH TO REMIT THE FEE OF \$ 50.00.

B. EXCESS PAYMENT:

5. ☐ It is noted that payment of \$ _____ is in excess of the amount necessary to cover the claims now in the application. See the attached Patent Application Fee Determination Record.

This matter of refund or credit to your account is being referred to the Finance Officer, for his consideration.